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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: **Commissioner for Patents** Mail Stop: RCE Alexandria, Virginia 22313-1450

Application Number	09/815,555 / 6451			
Filing Date	March 22, 2001			
First Named Inventor	David B. Squires			
Art Unit	2182			
Examiner Name	Kim Ngoc Huynh			
Attorney Docket Number	X-857 US			

This	is a	Request for	Continued	Examination	(RCE	under 37	C.F.R.	1.114 c	of the a	bove-ident	ified a	pplicatio	٦n
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Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page

1990, or to any design up	median. See Instruction Sheet for Ness (not	to be submitted to the OSI	10) on page 2.						
្ 1. Submission requi	red under 37 C.F.R. 1.114								
a. X Previously s	ubmitted								
i. X Consider	the amendment(s)/reply under 37 C.F.F entered amendment(s) referred to above will be ent	R. § 1.116 previously file tered).	ed on <u>March</u>	24, 2004					
🖳	r the arguments in the Appeal Brief or Re	eply Brief previously file	d on						
b. Enclosed				RECEIVE					
i. Amendm	ent/Reply iii.	Information Disclos	ure Statement (IDS)						
ii. Affidavit(s)/Declaration(s) iv.	Other		APR 2-2 2004					
2. Miscellaneous				Technology Cente 2					
a. Suspension	of action on the above-identified applica	tion is requested under	37 C.F.R. § 1.103(c) fo	or S					
. <u>—</u> /_:	months. (Period of suspension s	hall not exceed 3 months; Fee	e under 37 C.F.R. § 1.17(i) rec	quired)					
b. Citiei	·								
3. Fees The RCE	fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.	.R. § 1.114 when the RCE is fi	iled.						
a. The Directo	r is hereby authorized to charge the follo	owing fees, or credit any	overpayments, to						
Deposit Acc	count No. <u>24-0040</u>								
	required under 37 C.F.R. 1.17(e) in the								
	ii. Extension of time fee (37 C.F.R. 1.136 and 1.17) iii. Other								
b. Check in the	amount of \$en								
اسا ا	credit card (Form PTO-2038 enclosed)								
WARNING be include	: Information on this form may d on this form. Provide credit ca	become public. Cre rd information and	dit card information and	on should not PTO-2038.					
	SIGNATURE OF APPLICANT, A			360					
Name (Print /Type)	Kim Kanzaki	Registration I	No. (Attorney/Agent)	37,652					
Signature	Ph	Date	April 16, 200	4					
	CERTIFICATE OF MAILI)8					
I hereby certify that this c EXPRESS MAIL in an en facsimile transmitted to the	orrespondence is being deposited with the U velope addressed to: Commissioner For Pate ne U.S. Patent and Trademark. Office on:	nited States Postal Service ents, Mail Stop: RCE, P.C	e with sufficient postage a). Box 1450, Alexandria, V	s first class mail / irginia 22313-1450, or					
Name (Print/Type)	Pat Slaback								
Signature	tot Rabach	Date	April 16, 20	004					
Burden Hour Statement: comments on the amoun Office, Alexandria, Virgin	This form is estimated to take 0.2 hours to co t of time you are required to complete this for ia 22313-1450. DO NOT SEND FEES OR C	omplete. Time will vary dep m should be sent to the Cl OMPLETED FORMS TO	pending upon the needs of hief Information Officer, U THIS ADDRESS. SEND F	f the individual case. Any .S. Patent and Trademark ees and Completed Forms to					

following address: Commissioner for Patents, Mail Stop: RCE, Alexandria, Virginia 22313-1450.

PTO/SB/17 (10-02)
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$) 770.00

Complete if Known						
Application / Conf. No.	09/815,555 / 6451					
Filing Date	March 22, 2001					
First Named Inventor	David B. Squires					
Examiner Name	Kim Ngoc Huynh					
Art Unit						
Attorney Docket No.	X-857 US RECEIVE					

METHOD OF PAYMENT (check one)		FE	EE CALCULATION (continued) APR	2 Z Z004
The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:	3. ADD Large Ent		Technolog	y Center 2
X Deposit Account	Code	(\$)	Fee Description	Fee Paid
Deposit Account 24-0040	1051	130	Surcharge - late filing fee or oath	
Number	1052	50	Surcharge - late provisional filing fee or cover sheet.	
Deposit Account Name XILINX, INC.	1812	2,520	For filing a request for exparte reexamination	
Name	1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	Extension for reply within second month	
Large Entity	1253	950	Extension for reply within third month	
Fee Fee Description Fee	1254	1,480	Extension for reply within fourth month	
Paid	1255	2,010	Extension for reply within fifth month	
Code (\$) 1001 770 Utility filing fee	1401	330	Notice of Appeal	
1002 330 Design filing fee	1402	330	Filing a brief in support of an appeal	
1003 510 Plant filing fee 1004 770 Reissue filing fee	1403	290	Request for oral hearing	
105 160 Provisional filing fee	1451	1,510	Petition to institute a public use proceeding	
	1452	110	Petition to revive - unavoidable	
SUBTOTAL (1) (\$)	1453	1,330	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	Utility issue fee (or reissue)	
Extra below Fee Paid	1460	130	Petitions to the Commissioner	
Total Claims 10 -20** = 0 X = \$0	1807	50	Petitions related to provisional applications	
Indep. Claims 02 - 3** = 0 X = \$0	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent Claims X = =	8021	40	Recording each patent assignment per property (times number of properties)	
**or number previously paid, if greater; For Reissues, see below Large Entity Fee Fee Fee Description	1809	770	Filing a submission after final rejection (37 CFR 1.129(a))	
Code (\$) 1202 18 Claims in excess of 20	1810	770	For each additional invention to be examined (37 CFR 1.129(b))	
1201 86 Independent claims in excess of 3 1203 290 Multiple dependent claim, if not paid 1204 86 "*Reissue independent claims over original patent	1801	770	Request for Continued Examination (RCE)	\$770
1205 18 "Reissue claims in excess of 20 and over original patent	Other fe	e (specify)		
SUBTOTAL (2) (\$) 0.00	*Reduc	ed by Basi	c Filing Fee Paid SUBTOTAL (3) (\$)	770.00

SUBMITTED BY

Name (Print/Type) Kim Kanzaki

Signature

Complete (if applicable)

Registration No. (Attorney/Agent) 37,652

Telephone 408-879-6149

Date 04-16-2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the chief information Officer. Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.